

# CHEERS School Family

## CHILD DEVELOPMENT CENTERS

### Enrollment & Wait-list Application

School Location (please check one):  Heritage  Children First

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Date of Entrance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment: Full Time M/W T/Th

Program (please circle): Infant Waddler Toddler  
Preschool I Preschool II Before/After School Summer Camp

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City/Town State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsible Paying Party: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I understand that...

1. A non-refundable enrollment fee of \$100.00 per child registration fee is required at the time of enrollment.
2. Placing my name on the waiting list does not guarantee my child's enrollment.
3. Siblings of enrolled students and certain groups have priority enrollment status.
4. The waiting list is reviewed on a first-come, first-serve basis.
5. Part-time care is available on a space available basis for children over age two. If a complement is not found priority will be given to full-time applications.
6. If a space becomes available close to the time of my desired enrollment, I will be notified by phone and/or email and will have 48 hours to respond. If I fail to return the call, my name will be removed from the waiting list.
7. If I am called about an available space, I can verbally decline the available space and my name will remain on the waiting list, I can pass two (2) times before my name is moved to the bottom of the list.
8. If I am called about an available space, I have the option of paying full price tuition for the space until the time my child needs to enroll, up to two (2) weeks, to guarantee his/her enrollment. Payment must be made within 3 days.
9. If I accept an available space, I must arrand to pick up the enrollment documents within (3) days.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_

Priority: \_\_\_\_\_ Date Available: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacts:

Date: \_\_\_\_\_ Response: \_\_\_\_\_

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Date: \_\_\_\_\_ Response: \_\_\_\_\_